Government of **Western Australia**
North Metropolitan Health Service
Sir Charles Gairdner Osborne Park Health Care Group

Transitioning home after delirium

A guide for carers and family

What is delirium?

Delirium is a medical condition affecting the brain that occurs suddenly, often over hours or days. It can cause changes in a person's thinking and behaviour.

Delirium is not the same as dementia, although people with dementia are at a higher risk of developing delirium.

Delirium results in one or more of the following features:

- Memory problems
- Changes to normal sleep patterns
- Difficulty understanding information
- Emotional changes such as fear, anxiety, irritability or paranoia
- Unusual body movements.

What causes delirium?

In most people affected with delirium, there will be more than one factor involved. With your loved one, the factors identified include:

- Infection
- Environmental changes
- Pain
- Medication
- Medication withdrawal
- Dehydration
- Sleep disturbances
- Electrolyte (salt) imbalances
- Low oxygen levels
- Recent operation or anaesthetic
- Constipation.

Once a person's medical issues have been addressed, the delirium can still go on for days to weeks. People generally get better when they are in their own home, which is a reassuring and less stressful environment.

Discharge home after delirium

What to expect

Being discharged home after an admission caused or complicated by delirium can be challenging.

Some of the issues may include:

- Ongoing problems with thinking (cognition) – It may take a long time to recover fully from delirium and your loved one may not have recovered full cognitive ability at the time of discharge. Ongoing cognitive recovery in the home environment can continue for weeks to months after an episode of delirium.
- Physical deconditioning from illness and immobility – Your loved one may be physically weaker and require the use of a walking aid or need more supervision with mobility.
- Increased reliance in managing tasks - Your loved one may find it difficult to complete more complex tasks and require assistance or supervision until they recover; for example, managing medications, cooking, driving, showering and toileting.
- Environmental change is a common trigger for delirium. The move home may temporarily worsen cognition; however, most people will do better in a home environment with familiar surrounds

Signs of delirium to look out for

Be aware of signs of worsening or recurring delirium. These can include:

- Worsening confusion, such as not recognising familiar people or places
- Personality changes, including agitation/aggression, anxiety or fearfulness
- Changes in alertness, eg: excessive drowsiness or agitation.

If you are worried, please see your GP for review.

How can I enhance the recovery of my loved one?

Communication tips

- Keep your directions simple
- Use a calm reassuring voice, avoid arguing
- Provide regular verbal encouragement and praise
- Encourage activities that are of interest to the person, providing stimulation. Increase in complexity as your loved one improves
- Encourage familiar tasks in the familiar environment.

Regaining routine

We encourage you to help your loved one return to their usual routine on discharge from hospital to aid delirium recovery.

Increase task complexity as your loved one improves

- Avoid high risk activities initially (eg: driving, cooking on gas stove, accessing the community alone) or provide additional supervision to keep the individual safe

Seek advice from your loved one's doctor before they resume driving.

Mobilisation

- Staying physically active can help with cognitive recovery
- Be aware that there is an increased risk of falls associated with delirium, so physical activity should be done safely.

If you require further information, please speak to the ward physiotherapist.

Nutrition

- It is important to encourage a healthy balanced diet and adequate hydration
- Malnutrition and dehydration commonly contribute to delirium.

Home safety

Your loved one may require additional support to reorient in their home environment and keep them safe.

Things that may be helpful:

- Minimise loose mats, unnecessary clutter, clothing on the floor, anything that may increase the risk of falling
- Set up signs to aid navigation and activities – eg: label cupboards and food, toilet, "no exit" on doors
- Ensure glasses and hearing aids are in use and/or easily accessible
- Use a day/night calendar*
- Optimise lighting generally and in particular for overnight toileting – eg: sensor lights/night lights along the path
- Optimise the home environment with safety measures in place in case of emergency and to ensure your loved one is able to call for help, eg:
    - Pendant alarm or mobile phone to be carried on their person
    - Important phone numbers in large font in an accessible position.
- If there is a risk of wandering, consider a GPS tracking system or exit door alarm*
- For medication safety, consider use of a Webster-pak, or locking medications away if someone else is administering
- Ensure a suitable person has emergency access into the home if required
- Consider a key safe for emergency service access.*

*** If you require further information, please speak to the ward occupational therapist.**

GP review

- We recommend that your loved one sees their GP for review within one to two weeks after discharge home.
- The GP will be provided with a summary of the hospital admission, as well as an updated list of current medications at the time of discharge.
- This time is a good opportunity to see if any medications prescribed in hospital can be decreased or withdrawn.

Medication changes

It's possible that medications that may have contributed to delirium have been stopped during admission. These should be discussed before discharge.

Some medications that can trigger or worsen delirium include:

- Strong pain medications, eg: tramadol
- Medications for anxiety and sleep – benzodiazapines such as temazepam, diazepam
- Anticholinergic medications used for a variety of reasons, eg: oxybutynin, amityriptyline, benztropine.

Your loved one may have been prescribed medications to help manage agitation associated with delirium. Often these are low doses of "antipsychotic" drugs, such as risperidone or quetiapine.

It is advisable to discuss with their GP whether these drugs should continue or if it is possible to withdraw them slowly once delirium and agitation resolve. There is evidence showing there is a small increase in the risk of stroke and death when these medications are used long term.

We are proud to be a smoke-free site.
Thank you for not smoking or vaping.

This document can be made available in alternative formats on request.

Follow-up

Your team may refer your loved one to a memory clinic to be assessed by a specialist geriatrician after discharge. This will be to assess and screen for possible underlying cognitive impairment, which predisposes people to developing delirium

An occupational therapy home visit may also be advised to assess and improve safety and function in the home environment.

More information and support

Alzheimer's WA (1300 66 77 88)
Provides information about dementia; helps identify the support needed and link with appropriate local support and services; helps navigate the complexities of accessing government-funded services

Dementia Support Australia (1800 699 799)
DSA offers understanding and advice to carers when a person with dementia experiences behavioural changes. They can go out into the community to offer support.

National Dementia Helpline Australia (1800 100 500)
Offers over the phone and face-to-face counselling, along with general advice.

This document was developed by C16 Delirium Care Unit SCGH

Sir Charles Gairdner Hospital
Hospital Ave, Nedlands WA 6009
General enquiries (08) 6457 3333
Hearing impaired (TTY) (08) 6457 3900
scgh.health.wa.gov.au

Osborne Park Hospital
Osborne Place, Stirling WA 6021
General enquiries (08) 6457 8000
Hearing impaired (TTY) (08) 6457 3900
oph.health.wa.gov.au

6062 SCGOPHCG 02 24